

09/720356

CLAIMS AS FILED - PART I

|  | (Column 1)    | (Column 2)   |
|--|---------------|--------------|
| TOTAL CLAIMS   |               |              |
| FOR  | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS  | 15 minus 20 = |              |
| INDEPENDENT CLAIMS   | 4 minus 3 =   | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | •                                | Minus ..                           | =             |
| Independent   | •                                | Minus ...                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | •                                | Minus ..                           | =             |
| Independent   | •                                | Minus ...                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | •                                | Minus ..                           | =             |
| Independent   | •                                | Minus ...                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE |
|-----------|-----|
| BASIC FEE | 430 |
| X\$ 9=    |     |
| X40=      | 40  |
| +135=     | 135 |
| TOTAL     | 605 |

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| X\$18=    |     |
| X80=      |     |
| +270=     |     |
| TOTAL     |     |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

BEST AVAILABLE COPY

SERIAL NUMBER : 09/720356

TO: PCT OFFICE OF FINANCE  
CRYSTAL PLAZA 2 - 5TH FLOOR

FROM : PCT INTERNATIONAL DIVISION - DO/EO  
CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS :

| FROM       |            | TO         |            |
|------------|------------|------------|------------|
| CODE       | FEE        | CODE       | FEE        |
| <u>961</u> | <u>500</u> | <u>971</u> | <u>480</u> |
| _____      | _____      | _____      | _____      |
| _____      | _____      | _____      | _____      |
| _____      | _____      | _____      | _____      |
| _____      | _____      | _____      | _____      |
| _____      | _____      | _____      | _____      |
| _____      | _____      | _____      | _____      |
| _____      | _____      | _____      | _____      |

OTHER :

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND<br>ADDITIONAL FEES |
| <input type="checkbox"/> | OTHER : _____  |

THE ORIGINAL METHOD OF PAYMENT WAS :

☐ BY A CHECK

☐ BY A CHARGE TO DEPOSIT ACCOUNT NO. \_\_\_\_\_